



APPLICATION

ORGANIC CERTIFICATION COST-SHARE PROGRAM

The Organic Certification Cost-Share Program is designed to provide assistance to organic producers, processors, and handlers who receive and/or update their organic certification between October 1, 2003 and September 30, 2004. Cost-Share payments will be limited to 75 percent of an individual producer, processor, or handler's certification costs, up to a maximum of \$500 per certification.

Only producers, processors, and handler within Washington State are eligible to receive cost-share money from the Washington State Department of Agriculture (WSDA). If your certified farm or facility is located in a state outside of Washington State, you must contact your state department of agriculture for a cost-share application.

CONTACT PERSON		
BUSINESS NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
PRIMARY PHONE NUMBER		ALTERNATE PHONE NUMBER
FAX NUMBER		EMAIL ADDRESS

In order to receive cost-share funds, eligible producers, processor, or handlers must complete this application and the W-9 form each time organic certification costs are incurred. Certification costs include those fees designated under chapter 15-157 WAC as "New Applicant Fee", "Facility Fee", "Site Fee", and "Certification Fee". Export fees, late fees, and transitional certification costs are not eligible for cost-share funds.

Please fill in the amount of certification costs.

Certification Costs: \$ _____

If someone other than you or your company pays for your certification, please list the name and phone number of the entity who pays the certification costs.

NAME OF ENTITY WHO PAYS	PHONE NUMBER
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Please complete and submit the enclosed W-9 form along with this application. The W-9 form must be submitted in order to receive the full amount available under the cost-share program.

Are you certified by Washington State Department of Agriculture? ☐ Yes ☐ No

If Yes, what is your certification number? Certification Number: _____

If No, you must be certified by a USDA accredited organic certification agency and you must attach a copy of your organic certificate to this application for cost-share funds.

Agreement [The person signing the application must be authorized to represent the firm.]

Signature of Representative _____ **Date** _____

Print Name _____ **Title** _____

SEND APPLICATION TO:
Washington State Dept of Agriculture
PO Box 42560
Olympia, WA 98504-2560